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CONFIRMATION NO. 2766

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/781,378 | <b>FILING OR 371(c)<br/>DATE</b><br>02/18/2004<br><b>RULE</b> | <b>CLASS</b><br>600 | <b>GROUP ART UNIT</b><br>3736 | <b>ATTORNEY<br/>DOCKET NO.</b><br>P8222.10 |
|------------------------------------|---|---------------------|-------------------------------|--|

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/099,177 03/13/2002 PAT 6,740,028 which is a CON of 09/396,047  
 09/15/1999 PAT 6,464,629  
 which claims benefit of 60/100,443 09/15/1998 *BB*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/14/2004

|  |                                |                         |                       |                            |
|--|--------------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>MI      | SHEETS<br>DRAWING<br>24 | TOTAL<br>CLAIMS<br>24 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>allowance |                                |                         |                       |                            |
| Verified and<br>Acknowledged <i>BB</i>   | Examiner's Signature <i>BB</i> | Initials <i>BB</i>      |                       |                            |

## ADDRESS

27581

## TITLE

Method and apparatus for temporarily immobilizing a local area of tissue

|                                       |   |  |
|---------------------------------------|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>842 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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